

APPLICATION CHECK LIST - ALIEN SURPLUS LINES INSURER

NAIC No. \_\_\_\_\_ Internet Web Address \_\_\_\_\_

Company Name \_\_\_\_\_

Country of Domicile \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Date Business Commenced \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Applicant must be included on the Quarterly Listing of Alien Insurers maintained by the National Association of Insurance Commissioners International Insurers Department.

Required Documents are as follows:

\_\_\_\_\_ \$500 application fee payable to Minnesota Department of Commerce per Minnesota Statute 60A.206, Subd. 2.

\_\_\_\_\_ Designation of Addresses (form enclosed).

\_\_\_\_\_ Biographical affidavits for all directors and principal officers.

\_\_\_\_\_ Appointment of Attorney for Service of Process. A completed copy of the Uniform Consent to Service of Process (NAIC Form 12) is required. To access a pdf version of Form 12, click on the following link:  
[http://www.naic.org/documents/industry\\_ucaa\\_form12.pdf](http://www.naic.org/documents/industry_ucaa_form12.pdf)

\_\_\_\_\_ Annual Statement (IID Financial Reporting Format)

\_\_\_\_\_ Audited Financial Statements and Report from an independent CPA firm for the most recently completed year. The text must be in English.

\_\_\_\_\_ U.S. Trust Fund Agreement and Certification. The Trustee shall provide a statement of market value for the trust, certified with an original signature, and listing the trust's investments.

Completed By \_\_\_\_\_

Title of Officer \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of President \_\_\_\_\_ Date \_\_\_\_\_

MINNESOTA DEPARTMENT OF COMMERCE  
DESIGNATION OF ADDRESSES

Full Name of Insurer and Address in Country of Domicile:

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U.S. Counsel (or representative):

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Telephone Number ( )

Signature of Company Officer

Date

Print Name

Title